# FORM D

SEC 1972 (6/99):
Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

# UNITED STATES FCURITIES AND EXCHANGE COM

SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

1	OMB APPROVAL							
OMB Number: 3235-0								
3	Expires:	May 31, 2002						
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U	hours per respon	nse1						

1177981

SEC USE ONLY							
Prefix	Serial						
DATE DECEIVED							

Name of Offering ( check if this is an amendment and name has changed, and indicate change							
Common Stock Private Placement							
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	☐ Se <sup>r</sup>						
Type of Filing: New Filing Amendment							
A. BASIC IDENTIFICATION DATA	02035491						
1. Enter the information requested about the issuer							
Name of Issuer ( check if this is an amendment and name has changed, and indicate	change.)						
AlivePromo, Inc.							
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)						
15300 25th Avenue North, Minneapolis, MN 55447	( 763 ) 392-3877						
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)						
(if different from Executive Offices)	( )						
Brief Description of Business							
Provide user-friendly and affordable dynamic in-store signage to retailers, restaurants, bank	s and other consumer locations to improve						
the effectiveness of in-store promotions.  PROCESSED							
Type of Business Organization							
	other (please specify):         2 2 2002						
business trust limited partnership, to be formed	.30L = 100L						
Month Year	THOMSON						
Actual or Estimated Date of Incorporation or Organization: [1] [1] [0] [0]	Actual FINANCIA ated						
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
CN for Canada; FN for other foreign jurisdiction)	[M] [N]						
CENEDAL INCEDICATIONS							

#### GENERAL INSTRUCTIONS

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

2. Enter the information requ	ested for the follo	owing:			
		er has been organized wit			
<ul> <li>Each beneficial own securities of the issue</li> </ul>		wer to vote or dispose, or	r direct the vote or dispos	ition of, 10% or	more of a class of equity
Each executive offic	er and director of	corporate issuers and of c	orporate general and mana	iging partners of	partnership issuers; and
<ul> <li>Each general and ma</li> </ul>	naging partner of	partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Rogers, Samuel H.					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Co	de)		
15300 25th Avenue North,	Minneapolis, MN	N 55447			- 11 - 14 - 14 - 14 - 14 - 14 - 14 - 14
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or  Managing Partner
Full Name (Last name first, i Gondeck, Christopher J.	f individual)				
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Co	de)		
15300 25th Avenue North	Minneapolis, MN	N 55447			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Address 15300 25th Avenue North	-		de)		
Check Box(es) that Apply:		Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Lund, Barbara P.	if individual)				And the second s
Business or Residence Addr 15300 25th Avenue North	1550 A C 1500 A C 15		de)"		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	de)	ggg pagaster i ser ser serie egi er en	2 (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2

A. BASIC IDENTIFICATION DATA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		5	one Kind	B. IN	FORMAT	TION AB	OUT OFF	ERING		/22 m / 3		
							Yes	No				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								$\boxtimes$				
			Ans	swer also i	n Appendi	ix, Colum	n 2, if filin	ig under U	LOE.			
2. What is							ividual?					10,000*
*The	Compan	y reserve:	s the right	to accept	t lesser an	iounts.					Yes	No
3. Does th	e offering	permit jo	int owners	hip of a si	ngle unit?		• • • • • • • • • • • • • • • • • • • •				🖂	
4. Enter th	ne informa	tion reque	ested for ea	ach person	who has l	been or w	ill be paid	or given.	directly or	indirectly	. anv	
			uneration									
offering	g. If a per	son to be	listed is a	n associat	ed person	or agent of	of a broke	r or dealer	registered	l with the	SEC	
			s, list the r									
			broker or		ou may set	forth the	informatio	on for that	broker or	dealer only	у.	
Full Name	(Last nam	e first, if i	individual)	1								
NONE Business or	r Dagidana	a Addraga	Number	and Strag	t City Sta	to Zin Co	-da)					
Dusilless of	Residenc	e Address	(Number	and Suee	i, City, Sta	ie, Zip Co	ide)					
Name of A	ssociated l	Broker or	Dealer									
States in W	hich Perso	on Listed	Has Solici	ted or Inte	nds to Sol	icit Purcha	asers					
(Check "A	All States"	or check	individual	States)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nam	e first, if i	individual)									
D	D: J	- A 11	OT1	1 04	. C:4 - C4-	4- 7'. C.	1-1			<u> </u>		
Business or	r Residenc	e Address	(Number	and Stree	i, City, Sta	ite, Zip Co	ide)					
Name of A	ssociated I	Broker or	Dealer									
rame or r	55000141041	orono. or	Bearer									
States in W	hich Perso	on Listed	Has Solici	ted or Inte	nds to Sol	icit Purcha	asers					4
(Check "A	All States"	or check	individual	States)								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT].	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	e first, if i	ndividual)									
Business or	. Desidence	A ddress	Number	and Street	City Sto	to Zin Co	de)	<del></del>		····		
Dusiness Of	Residence	c Address	(Ivuilibei	and Succi	i, City, Sta	ie, Zip Co	ue)					
Name of A	ssociated I	Broker or	Dealer									
States in W	high Paras	n Listad I	Una Caliaid	ad or Inta	nda to Sal	oit Dunal	ng or g					
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)												
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
נאזן ואַזן	[2C]	[477]	[TNI]	[TV]	[TIT]	[IVI]	[WA]	[137.4.]	[33/3/]	[33/1]	[U/V]	[IZI] [DD]

[SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an		
	exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate	Amount Already
	Dala	Offering Price	Sold
	Debt	)	\$
	1 3	500,000	\$ <u>113,500</u>
	Common Preferred		_
	Convertible Securities (including warrants)	S	\$
	Partnership Interests	5	\$
	Other (Specify	S	\$
	TotalS	500,000	\$ <u>113,500</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
			Aggregate
		Number	Dollar Amount
		Investors	of Purchases
	Accredited Investors	9	\$113,500
	<del>-</del>	0	\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.	The Co	D.W. A.
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$
	Regulation A	N/A	¢
	Regulation 504.	N/A	\$ \$
	-	IVA	Φ
	Total		<b>\$</b>
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	_	\$
	Accounting Fees		\$
			<u> </u>
	Engineering Fees	_	Φ
	Sales Commissions (specify finders' fee separately)	닏	Ф
	Other Expenses (identify)		<b>5</b>
	Total	$\times$	\$ <u>20,000</u>

	b. Enter the difference between the aggree C – Question 1 and total expenses furnished difference is the "adjusted gross proceeds to the	in response to part C - Question 4.a.	This		\$	480,000
5.	Indicate below the amount of the adjusted gross be used for each of the purposes shown. If furnish an estimate and check the box to the le listed must equal the adjusted gross proceeds to Question 4.b above.	ss proceeds to the issuer used or prope the amount for any purpose is not k ft of the estimate. The total of the pay	osed to known, yments		¥ <u></u>	
	Salaries and fees Purchase of real estate Purchase, rental or leasing and installati Construction or leasing of plant building Acquisition of other businesses (includi in this offering that may be used in exch of another issuer pursuant to a merger). Repayment of indebtedness Working capital Other (specify):	on of machinery and equipment g and facilities	\$   \$   \$   \$   \$   \$   \$	Payments to Officers, Directors, & Affiliates	-	nents To thers
	Column Totals Total Payments Listed (column totals ac			<b>⊠</b> \$	□\$ ⊠\$	480,000 <u>0</u>
the fol	suer has duly caused this notice to be signed be lowing signature constitutes an undertaking be request of its staff, the information furnished 22.	y the issuer to furnish to the U.S. So	ecurities	and Exchang	e Commiss	sion, upon
Issuer	(Print or Type)	Signature	#	Date	, /	
	Promo, Inc.	Chrotophes & Borbeck		6,	14/02	-
	of Signer (Print or Type) sopher J. Gondeck	Title of Signer (Print or Type) Chief Financial Officer	/	,		
155724						
		ATTENTION				7
	Intentional misstatements or omissions	of fact constitute federal criminal v	iolations	s. (See 18 U.S	S.C. 1001).	-

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS